

**Amendments to the Specification**

Please replace the title, as amended on July 15, 2003, beginning at page 1, line 1, with the following rewritten title:

Fibronectin Precursor Biopolymer Markers Indicative of ~~Alzheimers~~  
Alzheimer's Disease

Please replace the paragraph beginning at page 1, line 15, with the following rewritten paragraph:

Methods utilizing mass spectrometry for the analysis of a target polypeptide have been taught wherein the polypeptide is first solubilized in an appropriate solution or reagent system. The type of solution or reagent system, e.g., comprising an organic or inorganic solvent, will depend on the properties of the polypeptide and the type of mass spectrometry performed and are well-known in the art (see, e.g. Vorm et al. (1994) Anal. Chem. 66:3281 (for MALDI) and Valaskovic et al. (1995) Anal. Chem. 67:3802 (for ESI)). Mass spectrometry of peptides is further disclosed, e.g. in WO 93/24834 by Chait et al.

Please replace the paragraph beginning at page 5, line 1, with the following rewritten paragraph:

~~PCT/EP/04396~~ PCT/EP97/04396 (WO 98/07036) teaches a process for determining the status of an organism by peptide measurement.

The reference teaches the measurement of peptides in a sample of the organism which contains both high and low molecular weight peptides and acts as an indicator of the organism's status. The reference concentrates on the measurement of low molecular weight peptides , i.e. below 30,000 Daltons, whose distribution serves as a representative cross-section of defined controls. Contrary to the methodology of the instant invention, the '396 patent strives to determine the status of a healthy organism, i.e. a "normal" and then use this as a reference to differentiate disease states. The present inventors do not attempt to develop a reference "normal", but rather strive to specify particular markers whose presence, absence or relative strength/concentration in disease vs. normal is diagnostic of at least one specific disease state or whose up-regulation or down-regulation is predictive of at least one specific disease state, whereby the presence of said marker serves as a positive indicator useful in distinguishing disease state. This leads to a simple method of analysis which can easily be performed by an untrained individual, since there is a positive correlation of data. On the contrary, the '396 patent requires a complicated analysis by a highly trained individual to determine disease state versus the perception of non-disease or normal physiology.

Please replace the paragraph, as amended on July 15, 2003, beginning at page 37, line 3, with the following rewritten paragraph:

Figure 1 is a photograph of a tricine gel HiS 1 (scrub) comparing ~~Alzheimers~~ Alzheimer's disease versus Age Matched Control; and Figure 2 is a trypsin digested spectra graph depicting the characteristic profile of the ions 1356.65 (SEQ ID NO:1), 1625.84 (SEQ ID NO:2), and 1818.97 (SEQ ID NO:3). ~~SEQ ID NOS 1-3 are shown in the table, listed top to bottom.~~

Please replace the paragraph beginning at page 41, line 4, with the following rewritten paragraph:

DEAE Column Protocol:

- 1) Cast 200 µl of 50% slurry;
- 2) Equilibrate column in 5 bed volumes of 50 mM tricine pH 8.8 (binding buffer);
- 3) Dissolve 25 µl of sera in 475 µl of binding buffer;
- 4) Wash column in 5 bed volumes of binding buffer;
- 5) Elute column in 120 µl of 0.4 M Phosphate buffer (PB) pH 6.1;
- 6) Elute column in 120 µl of 50 mM citrate buffer pH 4.2;
- 7) Scrub column with 120 µl sequentially with each of 0.1% ~~triton~~ TRITON, 1.0% ~~triton~~ TRITON and 2% SDS in 62.5

mM [[Tris]] TRIS pH 6.8.

Please replace the paragraph, amended on July 15, 2003, beginning at page 41, line 18, with the following rewritten paragraph:

Butyl SEPHAROSE Column Protocol:

- 1) Cast 150  $\mu$ l bed volume column;
- 2) Equilibrate column in 5 bed volumes of 1.7 M  $(\text{NH}_4)_2\text{SO}_4$  in 50 mM PB pH 7.0 (binding buffer);
- 3) Dissolve 35  $\mu$ l of sera in 465  $\mu$ l of binding buffer and apply;
- 4) Wash column in 5 bed volumes of binding buffer;
- 5) Elute column in 120  $\mu$ l of 0.4 M  $(\text{NH}_4)_2\text{SO}_4$  in 50 mM PB pH 7.0;
- 6) Elute column in 120  $\mu$ l of 50 mM PB pH 7.0;
- 7) Scrub column with 120  $\mu$ l sequentially with each of 0.1% ~~triton~~ TRITON, 1.0% ~~triton~~ TRITON and 2% SDS in 62.5 mM [[Tris]] TRIS pH 6.8.

Please replace the paragraph, amended on July 15, 2003, beginning at page 42, line 10, with the following rewritten paragraph:

Phenyl SEPHAROSE Column Protocol:

- 1) Cast 150  $\mu$ l bed volume column;
- 2) Equilibrate column in 5 bed volumes of 1.7 M  $(\text{NH}_4)_2\text{SO}_4$  in 50 mM PB pH 7.0 (binding buffer);
- 3) Dissolve 35  $\mu$ l of sera in 465  $\mu$ l of binding buffer and apply;
- 4) Wash column in 5 bed volumes of binding buffer;
- 5) Elute column in 120  $\mu$ l of 0.2 M  $(\text{NH}_4)_2\text{SO}_4$  in 50 mM PB pH 7.0;
- 6) Elute column in 120  $\mu$ l of 50 mM PB pH 7.0;
- 7) Scrub column with 120  $\mu$ l sequentially with each of 0.1% ~~triton~~ TRITON , 1.0% ~~triton~~ TRITON and 2% SDS in 62.5 mM [[Tris]] TRIS pH 6.8.

Please replace the paragraph beginning at page 43, line 1, with the following rewritten paragraph:

HiQ Anion Exchange Mini Column Protocol:

- 1) Dilute sera in sample/running buffer;
- 2) Add HiQ resin to column and remove any air bubbles;
- 3) Add ultrafiltered (UF) water to aid in column packing;

- 4)Add sample/running buffer to equilibrate column;
- 5)Add diluted sera;
- 6)Collect all the flow-through fraction in ~~Eppendorf~~  
EPPENDORF tubes until level is at resin;
- 7)Add sample/running buffer to wash column;
- 8)Add elution buffer and collect elution in ~~Eppendorf~~  
EPPENDORF tubes.

Please replace the paragraph beginning at page 43, line 14,  
with the following rewritten paragraph:

HiS Cation Exchange Mini Column Protocol:

- 1)Dilute sera in sample/running buffer;
- 2)Add HiS resin to column and remove any air bubbles;
- 3)Add UF water to aid in column packing;
- 4)Add sample/running buffer to equilibrate column for  
sample loading;
- 5)Add diluted sera to column;
- 6)Collect all flow through fractions in ~~Eppendorf~~  
EPPENDORF tubes until level is at resin;
- 7)Add sample/running buffer to wash column;
- 8)Add elution buffer and collect elution in ~~Eppendorf~~  
EPPENDORF tubes.

Please replace the paragraph beginning at page 44, line 3, with the following rewritten paragraph:

Illustrative of the various buffering compositions useful in this technique are:

Sample/Running buffers: including but not limited to Bicine buffers of various molarities, pH's, NaCl content, ~~Bis-Tris~~ BIS-TRIS buffers of various molarities, pH's, NaCl content, Diethanolamine of various molarities, pH's, NaCl content, Diethylamine of various molarities, pH's, NaCl content, Imidazole of various molarities, pH's, NaCl content, Tricine of various molarities, pH's, NaCl content, Triethanolamine of various molarities, pH's, NaCl content, [[Tris]] TRIS of various molarities, pH's, NaCl content.

Elution Buffer: Acetic acid of various molarities, pH's, NaCl content, Citric acid of various molarities, pH's, NaCl content, HEPES of various molarities, pH's, NaCl content, MES of various molarities, pH's, NaCl content, MOPS of various molarities, pH's, NaCl content, PIPES of various molarities, pH's, NaCl content, Lactic acid of various molarities, pH's, NaCl content, Phosphate of various molarities, pH's, NaCl content, Tricine of various molarities, pH's, NaCl content.

Please replace the paragraph, amended on April 20, 2002, beginning at page 46, line 2, with the following rewritten paragraph:

As a result of these procedures, the disease specific ~~marker~~ fibronectin precursors having a molecular weight of about 1356.65 daltons and a sequence of SEQ ID NO:1, a molecular weight of about 1625.84 daltons ~~having and~~ a sequence of SEQ ID NO:2, a molecular weight of about 1818.97 daltons ~~having and~~ a sequence of SEQ ID NO:3, and a molecular weight of about 1629.8713 daltons ~~having and~~ a sequence of SEQ ID NO:4 were found to be predictive of ~~Alzheimers~~ Alzheimer's disease.

Please replace the paragraph beginning at page 49, line 2, with the following rewritten paragraph:

The specific disease markers, which are analyzed according to the method of the invention are released into the circulation and may be present in the blood or in any blood product, for example plasma, serum, cytolyzed blood, e.g. by treatment with hypotonic buffer or detergents and dilutions and preparations thereof, and other body fluids, e.g. ~~[[CSF]]~~ cerebrospinal fluid (CSF), saliva, urine, lymph, and the like. The presence of each marker is determined using antibodies specific for each of the markers and



detecting specific binding of each antibody to its respective marker. Any suitable direct or indirect assay method may be used to determine the level of each of the specific markers measured according to the invention. The assays may be competitive assays, sandwich assays, and the label may be selected from the group of well-known labels such as radioimmunoassay, fluorescent or chemiluminescence immunoassay, or immunoPCR technology. Extensive discussion of the known immunoassay techniques is not required here since these are known to those of ~~skilled~~ skill in the art. See Takahashi et al. (Clin Chem 1999; 45(8): 1307) for a detailed example of an assay.

Please replace the paragraph beginning at page 66, line 2, with the following re-written paragraph:

The instant invention involves the use of a combination of preparatory steps in conjunction with mass spectroscopy and time-of-flight detection procedures to maximize the diversity of biopolymers which are verifiable within a particular sample. The cohort of biopolymers verified within such a sample is then viewed with reference to their ability to evidence at least one particular disease state; thereby enabling a diagnostician to gain the ability to characterize either the presence or absence of [[said]] at least one disease state relative to recognition of the presence and/or the absence of [[said]] the biopolymer, predict disease risk assessment, and develop therapeutic avenues against [[said]] the disease.